



**U.S. Immigration
and Customs
Enforcement**

ICE Health Services Corps (IHSC)
Enforcement and Removal Operations
Immigration and Customs Enforcement

Clinic Administration Guide

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Foreword

This IHSC *Clinic Administration Guide* supplements the following IHSC Operations Memorandum:

OM 16-010 , *Clinic Administration*

This Guide explains concepts; assigns responsibilities and details procedures for organization and management IHSC staffed healthcare clinics.

The intended audience is all IHSC personnel supporting health care in ICE owned or contracted detention/ family residential facilities.

I. Introduction

The ICE Health Service Corps (IHSC) serves as the medical authority for ICE on a wide range of medical issues, including the agency's comprehensive detainee health care program. IHSC also oversees medical care of detainees and residents at facilities nationwide. This guide provides direction for required administrative procedures.

II. Clinic Schedule

The HSA or designee develops and distributes the schedule. The HSA can make changes to the schedule at any time to meet mission requirements.

A. Shifts

The Chief of Health Operations (CHO) must approve all shift variations (See Directive 01-02 *Alternative Work Schedules*), which must comply with local and state labor laws for contract and civil service staff.

B. Rotations

The HSA ensures all staff members are considered for shift rotation, which typically occurs monthly or every two months when extenuating circumstances are present.

C. Leave and PTO

The HSA ensures all Commissioned Corps officers, Civil Service, and contractor leave is documented on approved leave forms (See IHSC Directive 01-33 *Leave*) and a copy of the approved leave is given to the Commissioned Corps Officer after being signed by the HSA or designee. The HSA or designee tracks all leave to maintain accountability of staff.

III. Medical Clinic Space and Medical Equipment

The HSA ensures deviations from standards set forth in directives are included in daily, monthly, and annual reports until resolved.

A. Detainee/Resident Waiting Area

The HSA ensures resources and configurations are appropriate in detainee waiting areas and works with local leadership to address issues. The HSA reports any deficiencies on the recurring reports to HQ.

B. Medical Equipment Management

The HSA maintains an inventory of equipment, checks equipment semi-annually for defects, and ensures that maintenance is performed as per manufacturer's instructions. The HSA or designee ensures the recurring (daily, semi-annual, etc.) equipment checks are complete and ensures all equipment is clearly marked with annotations of

the completed equipment check. Daily equipment checks are required for the glucometers, defibrillators, suction, emergency carts, and/ or emergency bags. The 12 lead EKG, IV pumps, and vital signs machines should be checked at a minimum once daily to ensure they are plugged in and battery is charged.

IV. Community Health Services Directory

The HSA ensures a list of telephone numbers for identified local health care services providing emergency and specialty care to detainees is maintained in the medical clinic in an area accessible to all clinic staff. This list includes but is not limited to contact information for specialty clinics, emergency rooms, inpatient hospitals, and emergency transportation services.

V. Community Health Care Service Access

HSAs notify the Regional Health Services Administrator (RHSA) when specialty medical services prescribed for a detainee by a provider are not available in the community. The HSA, in conjunction with the Clinical Director (CD), analyzes the availability of prescribed specialty services and makes appropriate plans to ensure the detainee receives the required specialty appointment. The HSA coordinates with the local Assistant Field Office Director (AFOD) when movement is required to ensure the detainee is in a detention facility that has a community resource that provides the required specialty appointment.

VI. Staff Telephone Directory

A Staff Telephone Directory (recall roster) is maintained in a location readily accessible to all staff on-site. This directory is updated and distributed on a quarterly basis, and as needed. The roster contains Personally Identifiable Information (PII), and is kept secure and confidential from detainees. It is only provided to those with a need to know.

VII. Reference Materials

Applicable reference materials (standards, policies, directives, operations memorandums, local operating procedures, etc.) are made available in electronic and paper formats at the site to ensure availability and quick access to staff. A list of required reference materials is provided to each HSA by the Operations leadership through the Regional HSAs. .

VIII. Local Meetings

The HSA ensures all medical clinics establish and maintain routine meetings.

A. Staff Meeting Minutes

The HSA ensures minutes are taken and are provided to all staff members for review,

including any related material. Staff members will sign a meeting signature log. By signing the log, staff acknowledges review and understanding of the meeting minutes. Overtime (OT) required to ensure maximum attendance is tracked and reported through normal OT request processes. As much as possible, meetings are conducted immediately before or after change of shift to maximize staff attendance. Staff that are not in attendance are required to 'read and sign' the meeting minutes.

B. Local Governing Body (LGB) Meeting Minutes

LGB members are provided a meeting signature log for the minutes when complete. LGB staff members sign the log verifying accuracy of the minutes. The HSA ensures minutes for LGB meetings are maintained along with the signature log. Access to LGB meeting minutes is limited to members of the LGB and senior IHSC HQ leadership upon request.

C. Administrative Meetings with ICE and Other Stakeholders

The HSA attends these meetings and keeps minutes on file for three years. All ICE and IHSC attendees are indicated in the minutes and a copy is shared with the ICE attendees for review and validation.

IX. Issues or Events Requiring Headquarters Notification

All ICE Significant Event Notifications (SENs) involving IHSC require an appropriate corresponding IHSC HQ notification. The following events require telephone or e-mail notifications as indicated. HSAs will use discretion on notifications not listed in this directive.

A. Telephonic Notification Requirements

- (1) Any serious illness, injury, death, or suicide attempt requires an immediate telephonic notification of the HSA and CD. The HSA and CD will report the issues and events using chain of command.
- (2) Employee(s) affected by serious illness, injury, death, or suicide attempts on the worksite are inclusive for reporting.

B. Email Notification Requirements

- (1) Suspected Infectious Disease Outbreak: The HSA should report the issues using their chain of command but include the Deputy Assistant Director (DAD) for Clinical Services and the Public Health, Safety and Preparedness Unit Chief.
- (2) Hunger Strike: The HSA should report the issues using their chain of command but include the Deputy Assistant Director (DAD) for Clinical Services. The details of the hunger strike should be included on the hospitalization report.

- (3) Hospitalizations/ER visits: The HSA and CD will report the issues and events using chain of command.
- (4) Mass Influxes (Unanticipated): The HSA and CD will report the issues and events using chain of command.
- (5) System Failures (adversely affect clinic operations): Staff should notify the HSA or designee.
- (6) Visitors (requests for tours): Staff should notify the HSA or designee, who will notify the local ICE AFOD.
- (7) VIP Visits (Politicians, Media, Foreign Dignitaries, etc.): Staff should notify the HSA or designee, who will notify the local ICE AFOD. This information is also submitted on the Health Operations SharePoint website.

C. Additional Notifications

Additional notifications are made based on the judgment of the HSA and instructions from the Regional HSAs.

X. Administrative Reports

The HSA submits reports to support consistent evaluation of operations and support organizational decisions.

A. Daily Reports

Daily reports are submitted on the Health Operations Page of the IHSC SharePoint Webpage. Daily reports include the call outs and coverage report, government approved OT report, census report, and family residential center report. Click on the links below to view the corresponding video tutorials. The tutorials will be updated as needed to reflect updates in report submission.

[Link to Call Outs and Coverage Report Video Tutorial](#)

[Link to Government Approved Overtime Report Video Tutorial](#)

[Link to Family Residential Center Report Video Tutorial](#)

B. Miscellaneous Reports/ Tools

These reports are submitted on the Health Operations Page of the IHSC SharePoint Webpage. Miscellaneous reports/ tools include the VIP report, TDY tracking tool, officer deployment tool, remote assistance tool, and arrivals and departures tool. Other taskings/ data request can be found on the Health Operation SharePoint webpage and information required for accessing and completing the tasking will be supplied with the request for information. Click on the links below to view the corresponding video

tutorials. The tutorials will be updated as needed to reflect updates in report submission.

[Link to TDY Support Tracking Tool Video Tutorial](#)

[Link to PHS Officer Deployment Tool Video Tutorial](#)

C. Quarterly and Annual Reports

The quarterly and annual reports summarize the progress on key site initiatives, progress in supporting organizational strategic goals, and key operational issues. These reports are submitted on the Health Operations Page of the IHSC SharePoint Webpage. Click on the links below to view the corresponding video tutorials. The tutorials will be updated as needed to reflect updates in report submission.